

CERCLA REMOVAL ACTION DAILY WORK ORDER

DAILY WORK ORDER

RESPONSE LOCATION (SITE NAME
AND/OR ADDRESS AND ZIP CODE)

CONTRACT NO.

ORDER NO.

DATE

SHIFT

SITE/SPILL NO.

EPA REGION/USDG DIST.

ON-SCENE COORDINATOR

CONTRACTOR

CONTRACTOR RESPONSE MANAGER

1.

MONITOR(S)

2.

DESCRIPTION OF WORK TO BE PERFORMED

1. Hold site HHS meeting with crew
2. Have crew attend safety video presentation on-site
3. Make preparations for entry into hot-frames in PM
4. Jettison using suspended compound
5. Move debris out of work area

NUMBER OF PERSONNEL AUTHORIZED

...1...SUPERVISORS

...1...FOREMAN

...OPERATORS

...3...LABORERS

...2...OTHER (SPECIFY)...P.C.T.,...H.S.....

4.

EQUIPMENT AND EXPENDABLE MATERIALS AUTHORIZED

ITEM	QUANTITY	ITEM	QUANTITY
Iron	1	forklift	1
truck 3/4 ton	1		
truck 1 ton	1		
radio	6		
computer	3		
rental car	1		
HEPA vac	1		

I CERTIFY THAT THE ABOVE WORK IS ORDERED AND
AUTHORIZED BY THE CONTRACTOR IN THE PER-
FORMANCE OF THE ABOVE CITED DELIVERY ORDER.

I ACKNOWLEDGE RECEIPT OF THIS WORK ORDER.

SIGNATURE OF OSC

SIGNATURE OF CONTRACTOR'S REPRESENTATIVE

AMENDMENTS (INCLUDE TIME AND AUTHORIZING PERSON)

SIGNATURE OF OSC

SIGNATURE OF CONTRACTOR'S REPRESENTATIVE

ORIGINAL

442478

